NONNEWAUG HIGH SCHOOL EMERGENCY ACTION PLAN (SPORTS)

Coaches Signature Page

I _____(print coach name/sport) have read and understand the Emergency Action Plan for Nonnewaug HS Athletics. I understand my roles and responsibilities should an emergency occur in my presence. I have also rehearsed this Emergency Action Plan and understand my role in an emergency situation with an athletic trainer present and without. I have been given the opportunity to ask all questions and have received the proper answers to my questions.

I also understand that I must keep my CPR/AED and First Aid Certifications up to date and that it is my responsibility to ensure a lapse does not occur. I am also aware that I must be trained in concussion management and it is my responsibility to ensure a lapse does not occur.

Coach Name (print)_____ Sport _____

Signature _____ Date _____